

Health Services and Expenditures for HIV/AIDS in New York State

HIV Uninsured Care Programs

The HIV Uninsured Care Programs - ADAP, ADAP Plus (ambulatory care), the HIV Home Care program and the ADAP Plus Insurance Continuation Program (APIC) - play a vital role in New York State's health care system for people living with HIV/AIDS. These Programs help ensure access to drugs and medical care among NYS residents with HIV/AIDS who are not eligible for Medicaid and lack adequate private insurance. These programs are funded through a unique partnership between the New York State Department of Health and the New York City, Lower Hudson, Long Island and Dutchess County regions, using federal Ryan White CARE Act funds as well as State funds.

In late 1995 and early 1996, the U.S. Food and Drug Administration (FDA) approved three of a new class of antiretroviral drugs, protease inhibitors, as well as the first nucleoside analog specifically indicated for use in combination with other antiretrovirals. Combination therapy, the simultaneous use of three antiretroviral drugs including one protease inhibitor, rapidly emerged as the new standard of HIV/AIDS care during 1996. In 1997, the National Institutes of Health (NIH) and the

Department of Health and Human Services (HHS) first published principles and guidelines for antiretroviral therapy, which translated the scientific advances in HIV research into recommendations for treatment of HIV infection with specific combinations of antiretroviral drugs. These guidelines have been periodically updated to reflect the newest clinical trial information and treatment experience.

Enrollment

The HIV Uninsured Care Programs enrolled 4,010 new participants in 2002. Most participants are enrolled in more than one program component. Enrollment in the largest program, ADAP, provides a reliable measure of overall program enrollment trends, and reflects the changing demographics of the AIDS epidemic. Active enrollment in the programs, defined as people who are currently eligible to receive services at the end of each monthly cycle, continued to grow, due to new enrollees and participants remaining with the program for longer periods. Total active enrollment has increased by 20% from 14,168 on 12/31/99 to 16,930 on 12/31/2002.

Utilization and Expenditures

Utilization of drugs and services in the HIV Uninsured Care Programs changed dramatically between 1995 and 2002, primarily due to the rapid evolution of combination antiretroviral therapy as the standard of HIV care. Utilization is best viewed longitudinally by the number of monthly "users" of drugs or services. Users are defined as participants for whom the Programs have reimbursed a claim from a provider for a drug or service.

ADAP Drug Utilization by Category shows clear and strong trends. Users of any drug have increased by 29% from January 1999 to December 2002. The number of monthly users of protease inhibitors began at a relatively high level following implementation of coverage on 7/1/96, and grew rapidly through mid-1998. Coverage of non-nucleoside reverse transcriptase inhibitors (NNRTI), the newest class of antiretroviral drugs, began following FDA approval in September 1996. Utilization of nucleoside analogs and NNRTIs has continued to grow, while protease inhibitor utilization has leveled off. The number of monthly users of medications

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for prophylaxis and treatment of opportunistic infections has been relatively stable throughout the period.

Since late 1999, approximately 80% of ADAP's active users were receiving three or more antiretroviral drugs in combination. However, there is a gradual decrease in the percentage of users receiving two drug combinations from 11.4% in 1999 to 7.2% in 2002. This is likely an undercount of actual combination use since the analysis considers only drugs paid for by ADAP, and participants may also access drugs through other sources such as clinical trials, Medicaid spenddown, private insurance or manufacturer's patient assistance and compassionate use programs. An ongoing analysis of ADAP drug claims indicates that utilization of combination therapy is not significantly affected by a program participants' gender, race/ethnicity, risk factor or income level.

Antiretroviral drug costs have increased since January 2000. These costs coupled with increased utilization are the driving factor in the growth of the ADAP budget. From January 2000 to December 2002, ADAP's monthly antiretroviral costs increased by 42%.

Total ADAP drug expenditures increased to more than \$182 million in 2002, an increase of 52% from 1999 to 2002.

Antiretroviral drugs accounted for 80% of the ADAP costs in 2002, compared to only 27% in 1995.

ADAP Plus utilization has increased in the past several years. An average of 5,000 individuals per month received ambulatory care services in 2002. For the 2002 year, a total of 16,288 unduplicated individuals received ambulatory care services (150,160 units at a cost of \$16,298,285; or \$108 per unit) or nutritional supplements (84,309 units at a cost of \$4,909,207; or \$58 per unit) through ADAP Plus.

Home Care utilization has continued to decline presumably as a result of the improved clinical status of AIDS patients receiving combination antiretroviral therapy. The average number of individuals receiving home care has decreased 88% from a monthly average of 293 participants during 1995 to 34 per month in 2002. A total of 184 unduplicated individuals received home care services (1,755 units at a cost of \$157,900) during 2002.

The ADAP Plus Insurance Continuation Program began in July of 2000. This program pays insurance premiums for Uninsured Care Program-eligible people who cannot afford them. Enrollment in this program component helps the Uninsured Care Program stretch valuable and scarce resources and assists HIV-infected people in maintaining comprehensive health care coverage. During 2002 1,051 individuals received insurance premium continuation assistance valued at \$3,250,802 through APIC.

Quarterly expenditures for each of the four program components show a steady increase from 1997 through 2002. Total program expenditures exceeded \$50 million per quarter at the end of 2002.

Figure 18-1

ADAP Enrollment by Year of Enrollment

New York State, 1987— 2002

Figure 18-1 ADAP Enrollment by Year of Enrollment

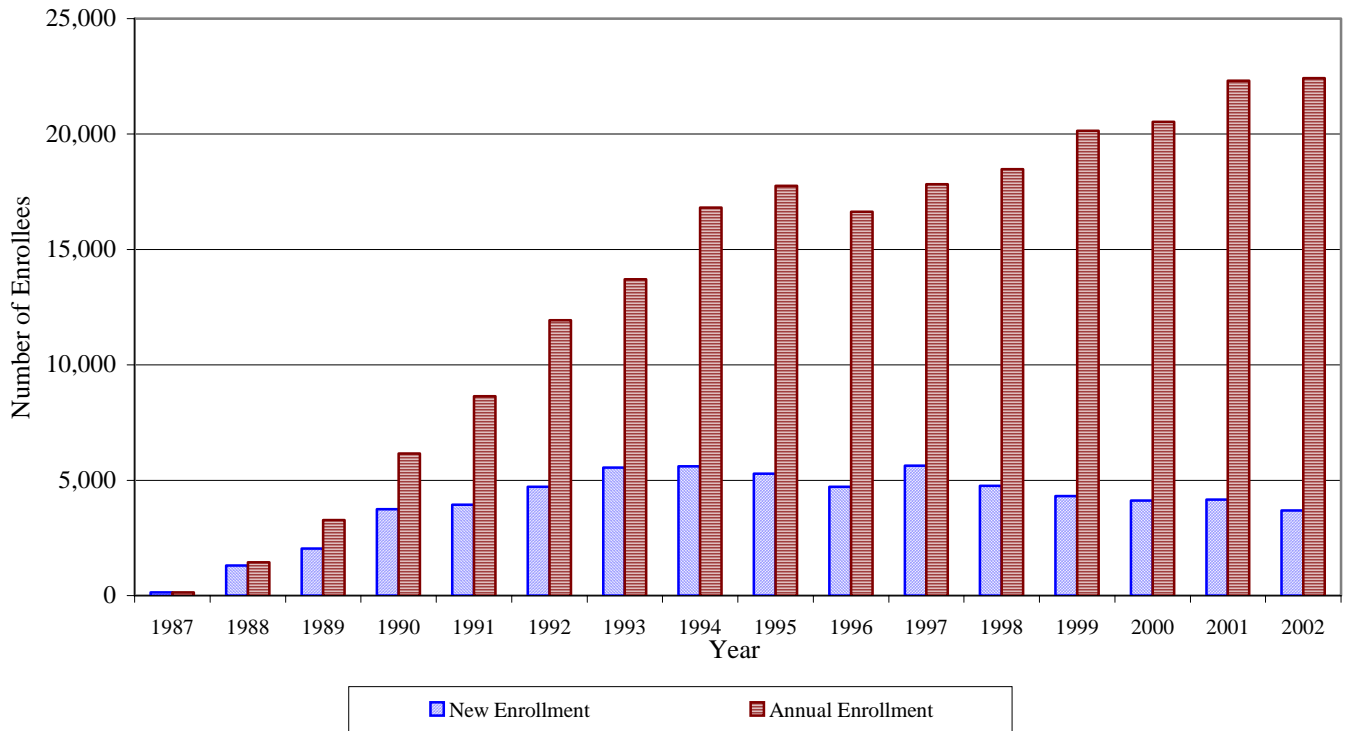


Figure 18-2

ADAP Enrollment by Gender, Race/Ethnicity and Year of Enrollment

New York State, 1987— 2002

Figure 18-2a Gender Percentage by Enrollment Year

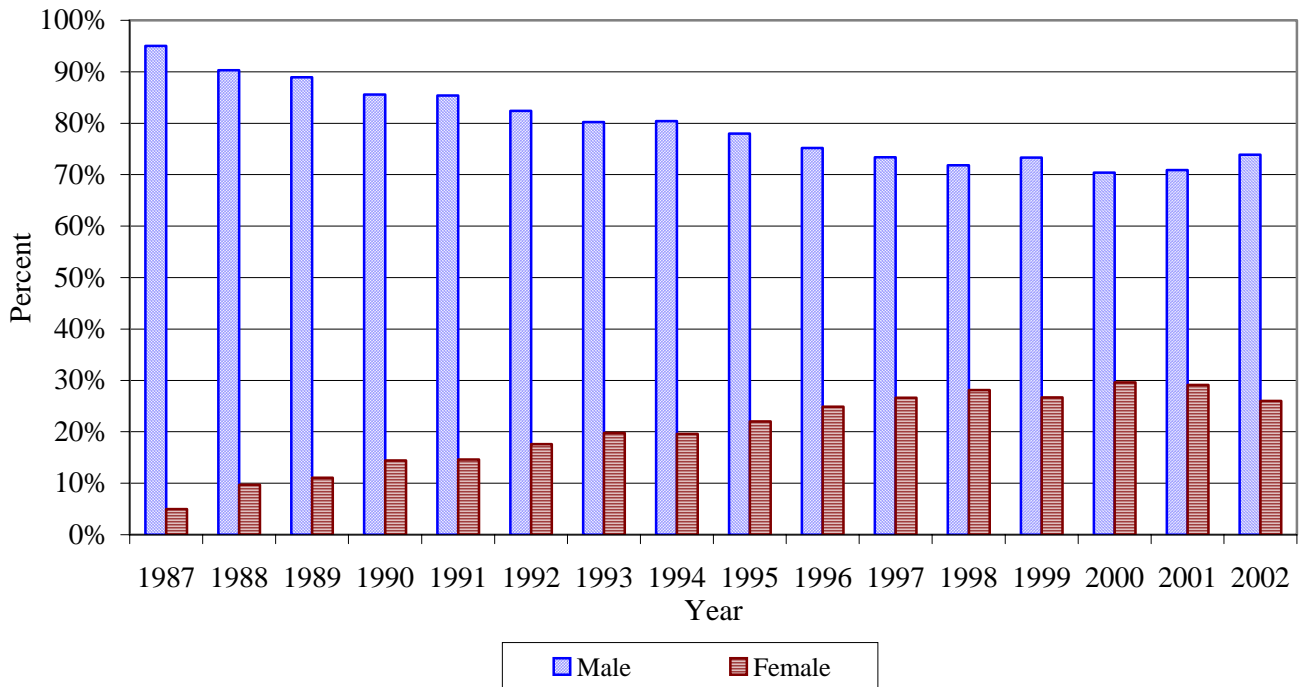


Figure 18-2b Race/Ethnicity Percentage by Enrollment Year

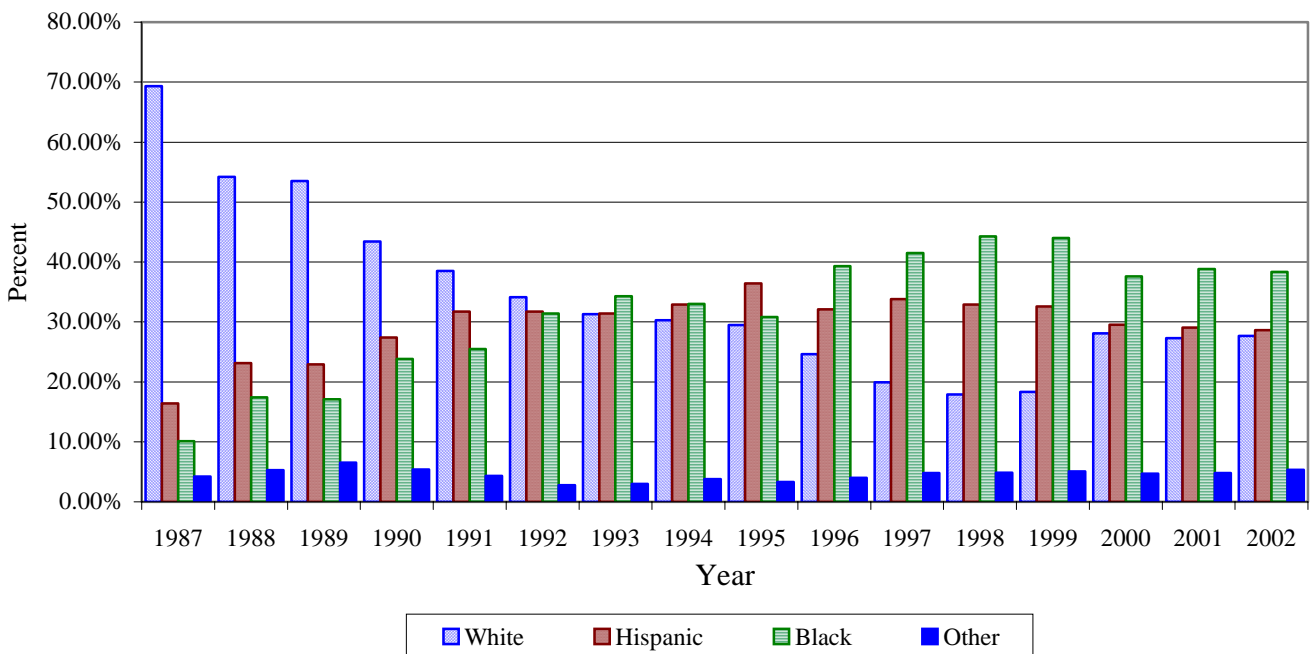


Figure 18-3

ADAP Drug Utilization by Category - Users by Quarter

New York State, 1996 — 2002

Figure 18-3 ADAP Drug Utilization by Quarter

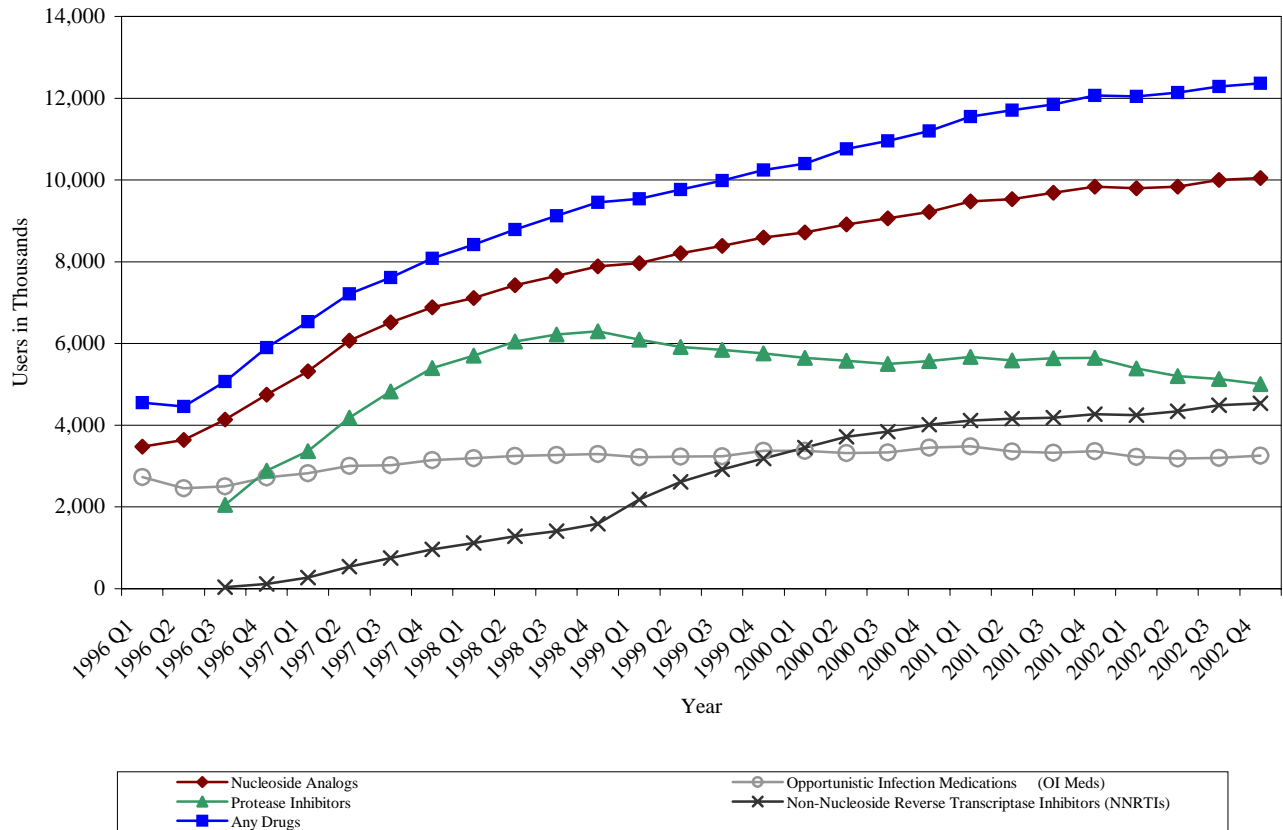
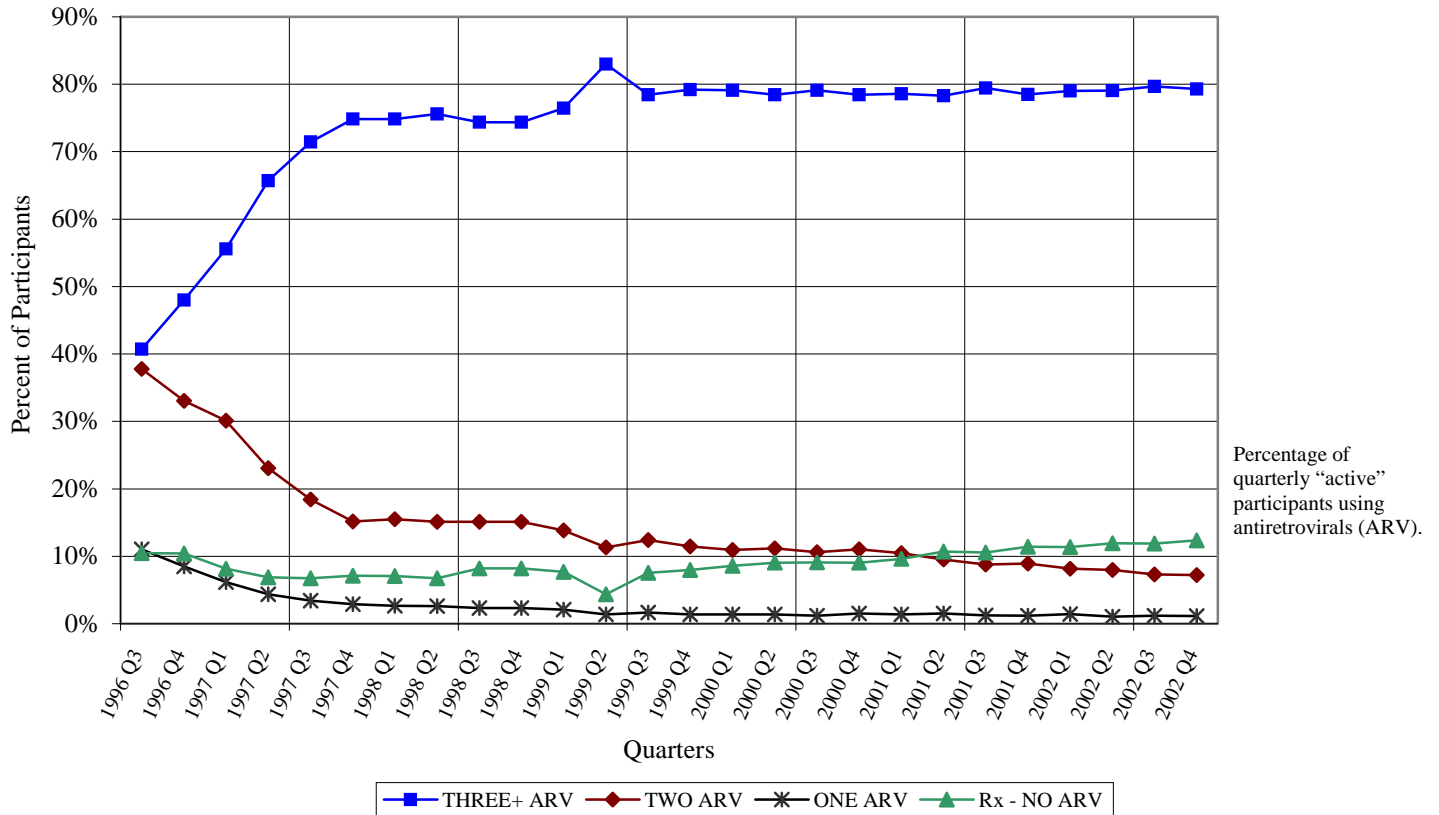


Figure 18-4

ADAP Antiretroviral Utilization

New York State ADAP, 1996 — 2002

Figure 18-4 ADAP Antiretroviral Utilization



Figures 18-5 and 18-6

ADAP Antiretroviral Utilization by Race/Ethnicity and Risk (Three+ ARV)

New York State, July 1996 — December 2002

Figure 18-5 Race/Ethnicity

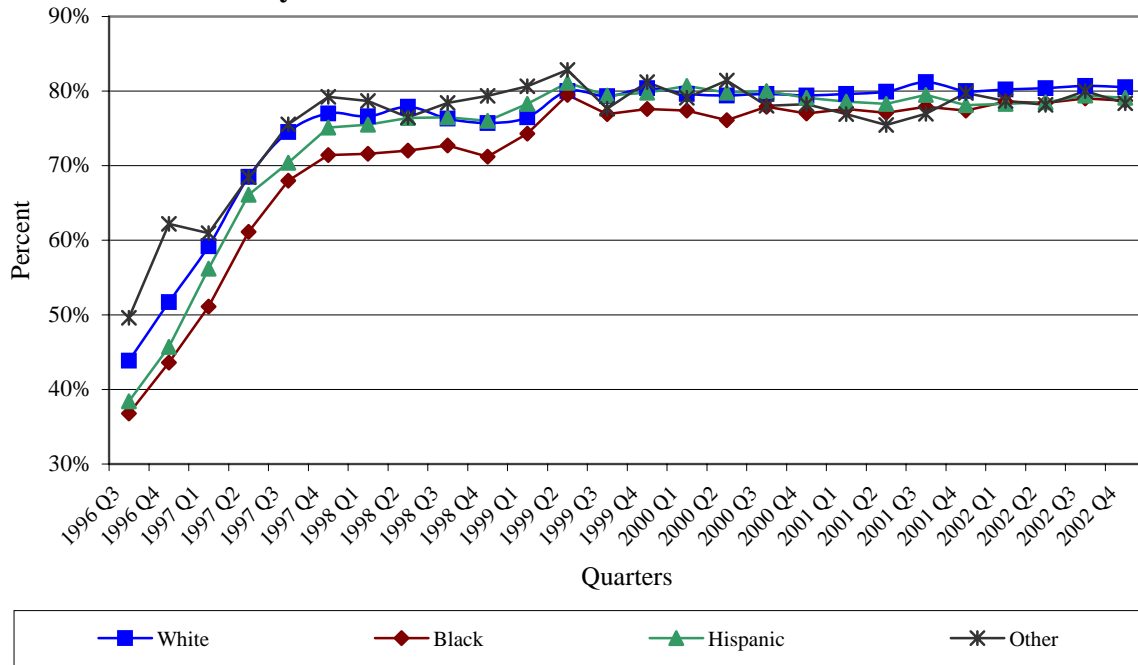


Figure 18-6 Risk

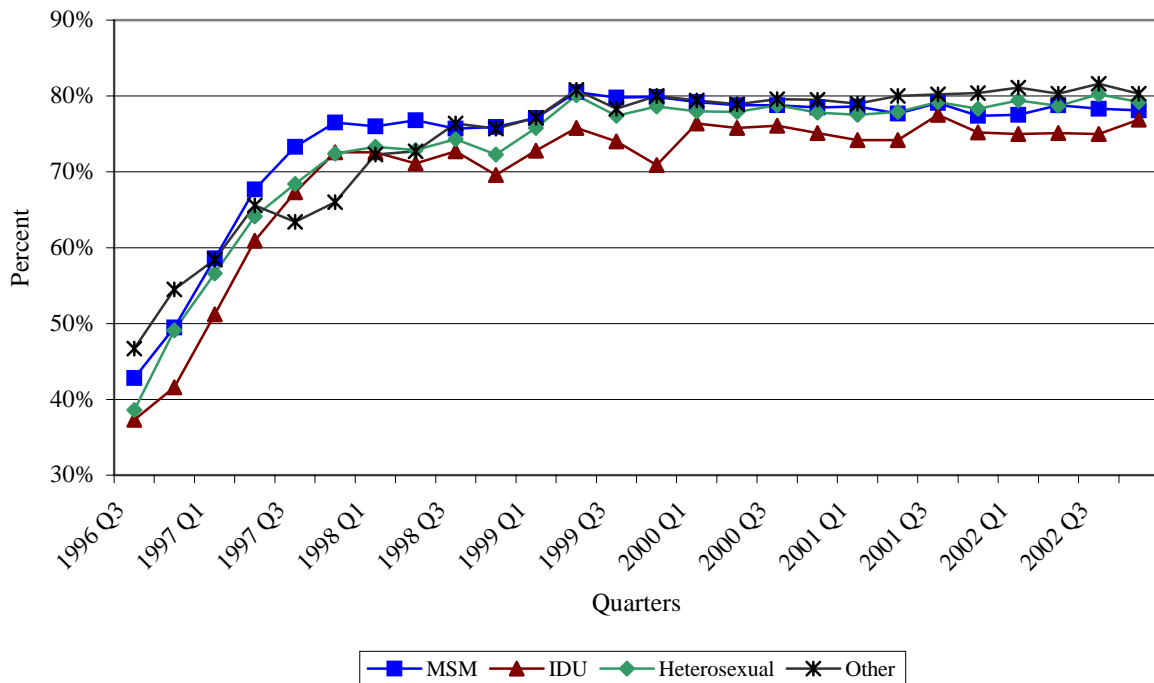
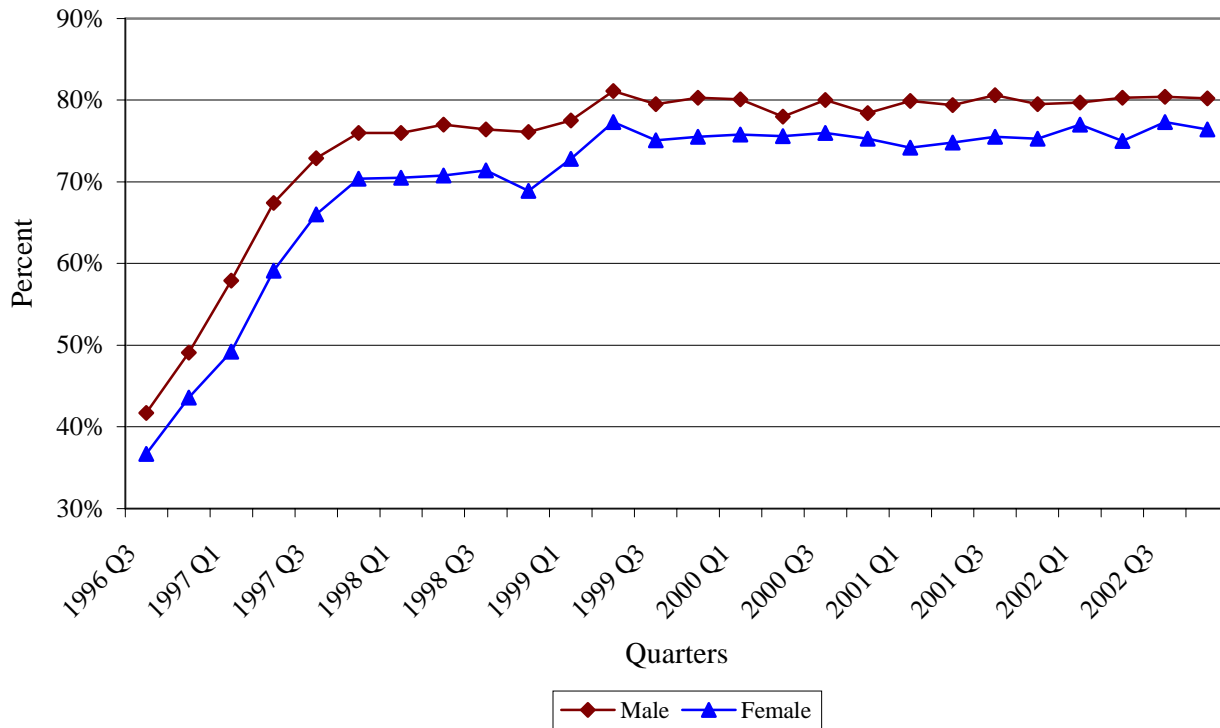


Figure 18-7

ADAP Antiretroviral Utilization by Gender (Three+ ARV)

New York State, July 1996 — December 2002

Figure 18-7 ADAP Drug Utilization by Gender



Figures 18-8

HIV Uninsured Care Programs Actual Expenditures

New York State, By Quarter Year, January 1997 — December 2002

Figure 18-8 HIV Uninsured Care Programs Expenditures

